2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000054579

1. Entity Name
RECREATION VEHICLES STORAGE, INC.

Principal Place of Business	Mailing Address
1101 W KENNEDY BLVD ORLANDO, FL 32810 US	1101 W KENNEDY BLVD ORLANDO, FL 32810 US

DO NOT WRITE IN THIS SPACE

03152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3324472	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGENSKE, GARY J.
1101 W KENNEDY BLVD
ORLANDO, FL 32810

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE GARY BERGENSKE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 3/15/05

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

U000000268670
03/17/05-80041-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BERGENSKE, GARY J
STREET ADDRESS	1101 W KENNEDY BLVD
CITY-ST-ZIP	ORLANDO, FL

TITLE	D
NAME	KIBLER, CARRIE M
STREET ADDRESS	1101 W KENNEDY BLVD.
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	D
NAME	TABER, LISA
STREET ADDRESS	1101 W KENNEDY BLVD.
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 3/15/05   Daytime Phone # 407-875-0000